



National Tactical Officers Association

PO Box 797, Doylestown, PA 18901

Ph: 800-279-9127 Fax: 215-230-7552 www.ntoa.org

Course Title: **Basic SWAT**
Location: **Watertown, SD**
Course Date: **June 6 – 10, 2011**
Course No.: **20110580**

Registrations limited to sworn law enforcement personnel

All students please complete the following:

First Name _____ MI _____ Last _____

Rank _____ Assignment: SWAT _____ Patrol _____ CNT _____ TEMS _____ Other (*Describe*) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home E-mail _____

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____

Your Phone # at Agency _____ Agency Fax _____

Your E-mail at Agency _____

Send U.S. mail to: Home _____ Agency _____

Student Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature _____ Date _____

Send Completed Registration to:

Fax: 215-230-7552

Mail: NTOA, PO Box 797 Doylestown, PA 18901

E-mail: training@ntoa.org